

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR PUBLIC ASSISTANCE

OMB Control Number 1660-0017
Expires December 31, 2019

Paperwork Burden Disclosure Notice			
Public reporting burden for this data collection is estimated to average 15 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.			
Privacy Act Statement			
Authority: FEMA is authorized to collect the information requested pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, and 427, 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e; The American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 601; and "Public Assistance Project Administration," 44 C.F.R. §§ 206.202, and 206.209.			
APPLICANT (Political subdivision or eligible applicant) NUECES COUNTY HOSPITAL DISTRICT			DATE SUBMITTED 12/08/2020
COUNTY (Location of Damages. If located in multiple counties, please indicate) NUECES COUNTY, TEXAS			
APPLICANT PHYSICAL LOCATION			
STREET ADDRESS 333 N. CARANCAHUA STREET, SUITE 900			
CITY CORPUS CHRISTI	COUNTY NUECES	STATE TEXAS	ZIP CODE 78401
MAILING ADDRESS (If different from Physical Location)			
STREET ADDRESS SAME AS ABOVE			
POST OFFICE BOX	CITY	STATE	ZIP CODE
Primary Contact/Applicant's Authorized Agent		Alternate Contact	
NAME JONNY F. HIPPI		NAME BELINDA CHISM	
TITLE ADMINISTRATOR/CEO		TITLE ASSISTANT ADMINISTRATOR	
BUSINESS PHONE 361-808-3300		BUSINESS PHONE 361-808-3300	
FAX NUMBER 361-808-3274		FAX NUMBER 361-808-3274	
HOME PHONE (Optional)		HOME PHONE (Optional)	
CELL PHONE 361-877-7290		CELL PHONE	
E-MAIL ADDRESS jonny.hippi@nchdcc.org		E-MAIL ADDRESS belinda.chism@nchdcc.org	
PAGER & PIN NUMBER N/A		PAGER & PIN NUMBER	
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Private Non-Profit Organization? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, which of the facilities identified below best describe your organization?			
Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."			
Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.			
OFFICIAL USE ONLY: FEMA - _____ -DR- _____ - _____ FIPS# _____ DATE RECEIVED _____			